

27 May 2006



Chemist+Druggist

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**News:** England's minister launches review of access to community pharmacy

**News:** Robotics firm to trial a self-service remote dispensing system

**Cover Story:** Jackie Lewis of Exmouth is this week's Pharmacy Champion

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**References:** 1. Ratner PH *et al.* J Fam Prac 1998; 47: 118-125. 2. Stricker WE *et al.* Ann Allergy Asthma Immunol 1998; 80: 115. 3. Kaszuba SM *et al.* Arch Intern Med 2001; 161: 2581-2587. 4. Jordana G *et al.* JACI 1996; 97: 588-595. 5. Gehanno P and Desfougeres J-L. Allergy 1997; 52: 445-450. 6. Weiner JM, Abramson MJ, Puy RM. BMJ 1998; 317: 1624-9. 7. Forest A. Allergy 2000; 62: 12-14. 8. Stricker *et al.* J. Fam. Pract 1994; 38: 14-22. 9. Vervloet D, Charpin D, Desfougeres J-L. Clin Drug Invest 1997; 13(6): 291-298. 10. Bernstein DI *et al.* Clin Exp Allergy 2004; 34: 952-957. 11. Van Bavel JH *et al.* Ann Allergy Asthma Immunol 1997; 78: 128. 12. Damell *et al.* Clin. Exp. Allergy 1994; 24: 1144-1150.



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# Supermarket giant set to double pharmacy chain

**Retailing** Morrisons expansion bid could start with Boots/AU sell-off sites

Max Gosney

**Morrisons plans to double its** pharmacy portfolio to 150 over the next three years.

The supermarket firm could launch its expansion bid by snapping up some of the pharmacies sold off under Boots's proposed tie-up with Alliance/UniChem (AU), revealed Morrisons' pharmacy general manager Bruce Pimlott.

"Morrisons sees pharmacy as a major part of its future strategy and we will see many more pharmacies in the future. Of course we are interested in some of the locations where Boots and AU are selling sites and would be happy to do a deal," Mr Pimlott told C+D.

The comments follow Boots's decision to divest 95 sites to secure Office of Fair Trading approval for its planned £7 billion merger with AU.

Morrisons also detailed plans for future acquisitions under control of entry exemptions. Mr Pimlott told C+D: "It's no secret we intend to open pharmacies under 15,000m<sup>2</sup> exemptions. However, there's no plan for any 100-hour pharmacy applications at the moment. We don't trade for that period and I think it

would be unethical to do so," he said.

Morrisons had enjoyed "steady progress" since rebranding over 83 Safeway pharmacies last September, said Mr Pimlott, who joined Morrisons after 30 years at Boots.

He added that the Bradford based retailer would continue to deliver a personalised pharmacy offer to

patients alongside its growth plans.

"I believe you don't just develop services for the sake of it, but in order to meet the needs of local patients. Pharmacy is about delivering the best patient care," he said.

Morrisons pharmacies currently feature in one in three stores, the retailer stated.



Bruce Pimlott: pharmacy is a major part of Morrisons' future strategy

## Post-OFT access review

**Policy** Minister to revisit control of entry issue

**A review of access to community** pharmacies after the Office of Fair Trading's report on control of entry has been launched by health minister Andy Burnham.

Mr Burnham told C+D: "I think it's right to review the decision on access to see what impact, if any, the changes have had." At the time of the OFT's report, the government turned down the recommendation to allow open access to new entrants but applied controls on supermarkets which choose to open more pharmacies.

The announcement could raise fears that the pharmacy network could be put at risk again. But Mr Burnham made it clear that he is sympathetic towards the campaigners who warned at the time of the OFT work that allowing a free market could jeopardise high street pharmacies.

"I am a strong supporter of community pharmacies. From my constituency perspective, I would be concerned that a relaxation of controls could impact most on the people who need community pharmacies, for example those who do not have a car. I also believe strongly that community pharmacies on the local high streets are a positive benefit to primary care," he said. **CB**

## Curanail training out

**Medicines** Pack outlines diagnosis and treatment

**A training pack on Curanail** (amorolfine), the new OTC treatment for fungal nail infections, is being sent to all pharmacies.

The pack outlines how to diagnose and treat nail infections, and the role of the pharmacist (including monitoring the patient every three months, and encouraging compliance) and medicines counter assistant.

Completion of the training, which has been approved by the National Pharmacy Association, comprises two hours' continuing education and is one of the requirements set down by the Medicines and Healthcare products Regulatory Agency before amorolfine may be sold.

Copies of the pack may be obtained from Galderma by telephoning 01923 208950. **AF**

## MHRA to relax OTC rules

**Medicines** Too much red tape, says the government

**The government has set out** recommendations for reducing the red tape surrounding OTC medicines regulation. The Better Regulation of Over the Counter Medicines Initiative (BROMI) recommends:

- The introduction of a new self-certification scheme for certain changes to the labelling and patient information leaflets of OTC medicines.
- Companies wishing to work under these new arrangements should have appropriate standard operating and signing off procedures and quality systems in place in accordance with the BROMI code.
- The MHRA will operate a quality audit system based on random and targeted sampling of submitted applications. Quarterly outcome reports from these audits will appear on the MHRA website.
- A new procedure will be put in place to handle complaints

about patient information.

Longer term, BROMI will develop a work programme on packaging redesign, review the statutory warnings used for OTC medicines and the procedures for variation, copy licences and change of ownership applications. The MHRA has suggested that this scheme of self-certification could be extended to all medicines in the future.

Welcoming the changes, John Harold, Proprietary Association of Great Britain president, said: "The recommendations will have a huge impact on backlogs and delays and will cut red tape, allowing the OTC industry to be innovative in its product development. PAGB believes that better regulation does not mean less regulation and this change will include safeguards that ensure that public safety is not compromised, allowing for more emphasis on outcomes rather than process." **JE**

## Wales refers oxygen issue

**Practice** Auditor looks at grounds for full review

**Air Products' home oxygen service** in Wales has been referred to the Welsh Auditor General, who could force a full review.

Oxygen has become a regular item on the agenda of the health and social services committee in Wales "and there is a great deal of disquiet" according to CPW chief executive officer Peter Haydn Jones.

The Auditor General's office is to investigate whether there are grounds to re-examine the issue.

It is unlikely that any review would result in the reinstatement of a pharmacy service. According to Mr Haydn Jones, the supply situation in Wales has stabilised, although there are still pockets where pharmacies are supplying oxygen, and the Welsh Assembly remains committed to the new centralised supply service. **AC**



Ringo Starr and his wife Barbara Bach braved the rain on Monday as they unveiled the largest mud sculpture ever seen at Chelsea Flower Show. The reclining sculpture was not in 'an octopus's garden in the shade', however, but in the Garden of Dreams sponsored by 4head, Dendron's natural treatment for headaches. Designed by Sue Hill of Eden, the natural sculpture of a dreaming girl is the centrepiece of an island of reflection in the garden



## News in brief

### NE London audit report

North East London SHA has published its audit into the impact on the NHS of the activities of North East London LPC.

The audit follows a report by NEL SHA last year, which found the LPC guilty of eight breaches of its constitution.

The audit report has been sent to the local PCTs and the LPC, but is not being made publicly available.

### MPs to quiz RPSGB

The RPSGB is to give evidence to a parliamentary inquiry into workforce planning for the health service on June 15.

In its preliminary evidence, the Society highlighted the gap between demand and supply and a lack of planning and capacity development among the academic workforce as two major issues facing pharmacy.

### Nurses in CD change

Legislation replacing extended formulary nurse prescribers with nurse independent prescribers will come into force on June 1 in Northern Ireland.

The new category of prescribers will be able to prescribe and supply diazepam, lorazepam and midazolam for the treatment of tonic-clonic seizures.

### CPW re-elections

Phil Parry and Peter John Jones have been re-elected, respectively, as chairman and vice-chairman of Community Pharmacy Wales.

### Praise for award winner

A Middlesex-based locum has won the inaugural Locum of the Year Award 2006.

Brenda Aiwoor was awarded the £1,000 winning cheque last week in the event organised by recruitment agency Locumlink, by John D'Arcy, chief executive of the National Pharmacy Association.

All of Locumlink's clients were asked to nominate a candidate for the award.

Ms Aiwoor was praised for her professionalism, hard work and willingness to go the extra mile for patients.

# Robotics firm unveils self-service option for pharmacy supervision

**Practice** Audio/video link could challenge existing dispensing rules

A company specialising in dispensing automation has begun talks with pharmacies over a self-service remote dispensing system.

ARX met with potential early adopters of its Visavia dispensing terminal on Wednesday. The system provides an audio/video link to a pharmacist at a remote location for automatic drug dispensing.

Retail sales manager David Harper said Visavia could be used to dispense OTC and health products within five months. It could ultimately be used to challenge existing rules that state pharmacists must be present for the supply of prescription drugs, he added.

"It is designed for out of hours dispensing," said Mr Harper. "The trial system will be on shop goods and paracetamol to demonstrate the benefits to the Royal Pharmaceutical Society."

System users feed prescriptions into the Visavia terminal. These are then scanned and can be viewed by the pharmacist remotely via a secure internet connection. The patient can then conduct a 'face-to-face' consultation with a pharmacist using a two-way video screen.

The pharmacist provides approval for a connected automated robot system to pick the items and place in the delivery drawer. Access is granted following a cash or card payment.

However, the concept behind the system has met with criticism from the Pharmacists' Defence Association. The risk associated with making pharmacists more accessible was too high, PDA director John Murphy warned.

Mr Harper countered suggestions

that increased automation would trigger a decrease in the number of pharmacy staff. He argued that automated remote dispensing freed time for staff to concentrate on MURs and patient care.

Lynsey Balmer, RPSGB professional ethics head, confirmed the Society was "monitoring the development with interest", in light of proposed changes to the Medicines Act, but added: "Patient safety would be our prime concern." TH



Customers feed scripts into the terminal for remote checking by the pharmacist



# Burnham fails to breathe new life into oxygen controversy

**Campaign** New health minister repeats DH line on pharmacy supply

Andy Burnham, the new health minister, is taking the same hard line over oxygen as his predecessor, Jane Kennedy.

In a letter to Ms Kennedy, Wareness Pharmacy Group professional development manager Mark Donaghy had asked the then health minister if she would allow community pharmacists to indefinitely supply oxygen to patients with the same range of equipment as held by the new suppliers, and if she would apologise to those patients who have suffered because of the Department of Health decision to transfer the supply of oxygen.

Mr Donaghy also called for the DH to use the compensation due from Allied Respiratory for breach of contract to fully recompense pharmacies for the work they have undertaken to supply oxygen in the last few weeks.

However, in one of his first communiqués as the replacement health minister, Mr Burnham chose



to repeat the DH's line that community pharmacists had the opportunity to bid to supply the home oxygen service but that only one pharmacy company did so, and it was unsuccessful.

He did, however, express his regret that patients have been anxious and concerned about the problems with the new arrangements.

Disappointed by the response, Mr Donaghy said: "I would have liked to have seen the pharmacy bodies take a more proactive line. They do not seem to be changing their mind and it is difficult to know what else we can do. But given the amount of taxpayers' money being wasted, I think this is a scandal that should be in the broadsheets." **AC**

## Pharmacists won't keep CD private scripts

**Legislation** Views sought by MHRA on 'burden'

**Views on whether pharmacies** should retain private prescriptions for controlled drugs for two years after dispensing are being sought by the UK drug regulator.

The Medicines and Healthcare products Regulatory Agency has proposed that pharmacies send original private prescriptions for CDs Schedule 2 and 3 to their NHS reimbursement agency. The recommendation is applicable throughout the UK, and if accepted, will be implemented by legislation in September.

Currently, the original prescriptions must be kept at the dispensing premises for two years and, in England, a copy sent to the NHS Business Services Authority. The MHRA has dubbed this practice "an unnecessary administrative burden", and says that the change will not incur extra costs or result in savings.

Comments should be sent to Roy Drepaul, MHRA, 16-139 Market Towers, 1 Nine Elms Lane, London SW8 5NQ or emailed to [anne.ryan@mhra.gsi.gov.uk](mailto:anne.ryan@mhra.gsi.gov.uk) by August 21. The full consultation is available at [www.tinyurl.com/lhtsn](http://www.tinyurl.com/lhtsn). **AF**

## Wales gears up for dispensing doctor fracas

**Wales** Doctors appeal against local health boards' rejection of dispensing plans



Richard Evans, right, wants to protect the script volume of Welsh pharmacies

**Local health boards in mid-Wales** have rejected five applications by doctors wanting to set up dispensing practices. However, four have now gone to appeal.

Medical practices in Newcastle Emlyn, Llandeilo, Presteigne and two in Llandysul had lodged applications, threatening eight pharmacies, in a bid to gain contracts before Welsh rural control of entry legislation is changed. This is expected to happen later this summer, bringing Welsh rules into line with those in place in England.

However, according to CPW representative for mid-Wales Richard Evans, all but the Presteigne application have now gone to appeal,

and this decision can still be appealed.

Mr Evans, the pharmacist at Tysul Pharmacy, Llandysul, one of those affected, believes that any decision in favour of the doctors would reduce his pharmacy's script volume by more than 75 per cent. "It is very much a case of most of our scripts coming from outside the one mile limit."

The appeals will be heard by the Welsh Assembly Government, which is broadly supportive of pharmacy, believes Mr Evans. Noting that only a pharmacist can provide MURs and repeat dispensing services, he said: "Right from the start we have emphasised that a pharmacy service is not just about dispensing." **AC**

### News in brief

#### SAFE at Superdrug

Superdrug is supporting the Institute of Cancer's SAFE (Skin Awareness for Everyone) campaign this summer by co-funding in-store mole clinics. The clinics will allow customers to have a consultation with a dermatologist for a nominal fee. Supermodel Cindy Crawford is fronting the campaign, which sees Superdrug donate a percentage of its profits to the Institute.

## First OTC triptan for UK comes with patient questionnaire

**Medicines** GSK launches acute migraine treatment and plans to question patients on first purchase

**GlaxoSmithKline Consumer Healthcare** has launched the first OTC triptan in the UK.

Imigran Recovery, which retails at about £7.99 for two sumatriptan 50mg tablets, is indicated for acute migraine.

introduced a questionnaire to be used when selling the product. It is expected to take between five and eight minutes per patient and will only need to be done for the first purchase, when a treatment card will be issued.

Healthcare's category director of OTC innovation, said GSK believed most purchases will be made in advance of a migraine attack, rather than as a distress purchase.

The RPSGB has also published practice guidance, following the reclassification of sumatriptan

which is available on the Society's website, [www.rpsgb.org](http://www.rpsgb.org). A 28-page guide to Imigran Recovery is also included in this week's C+D.

More information on triptans and migraine can be found in a Pharmacy Update (C+D, Dec 17, 2005, p19) and online at [www.doctoharmacy.com](http://www.doctoharmacy.com). **FS**



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Hayfever (Seasonal Allergy) Survey by Ipsos MORI, September 2006



# Boots The Chemists' profits down 15pc in wake of heavy investment

**Revenue** Over 100 million items dispensed, but price deflation blamed for profit drop

Dispensing revenues have failed to shore up Boots' profits, despite the chain's ongoing investment programme.

Profits at the Boots The Chemists business fell by over 15 per cent to £388.4 million year on year to March 31, on the back of a 2.8 per cent increase in dispensing revenues.

Despite dispensing over 100 million items during the year, a 5.4 per cent increase on 2005, price deflation caused by the new Pharmaceutical Pricing Regulation Scheme and cuts to generic medicine prices have made their presence felt, said chief executive Richard Baker, who added that the financial impact of the new pharmacy contract had been "broadly neutral".



Richard Baker: PPRS and cuts to generics have made their presence felt

However, the chain's prescription collection service and care home business, as well as its store opening programme, have been positive influences, he said. In total, 43 new pharmacies opened in edge of town stores, and plans are in hand to bring the number of midnight pharmacies to 60 by the end of this year.

According to Mr Baker, the plan is "to step up the store opening programme over the coming year", particularly targeting health centres.

Boots is also planning to improve on the number of medicines use reviews it provides. Accepting that its service provision remains well below maximum levels, the company said

that over half its pharmacists were now trained and that measures, including in-store marketing, were in place to improve on the 10,000 MURS conducted in the last quarter of the year. This represented a tenfold rise on the third quarter. A spokesman attributed the slow start to the retail demands of Christmas.

The company also reported that 5,000 people are now registered on its weight loss programme, which involves orlistat prescribing under PGD. Its chlamydia testing service is also now available in 200 London stores, and has attracted 14,500 people, added Boots. **AC**

## Lloyds figures

Lloydspharmacy has issued a statement pointing out that it has dispensed 113 million prescriptions during the year to March 2006, and that between July 10, 2005 and March 31, 2006, it conducted over 50,000 MURS. "These figures confirm our status as the leading community pharmacy chain in the UK," said Lloydspharmacy managing director Justin Ash.

## DPP takes flexible route to patient information

**Marketing** Campaign materials available without annual membership fees

### Health education charity

Developing Patient Partnerships has ditched its annual membership scheme in favour of more flexible packages designed to suit smaller businesses.

Pharmacies can now buy individual campaign materials for £60, or choose materials for up to six campaigns for £195. Packages for

larger organisations are also available.

The next DPP campaign, starting on June 1, will cover alcohol misuse. This will be followed by COPD and hypertension.

According to the DPP, 80 per cent of health professionals and managers believe that measures such as the quality and outcomes framework,

practice based commissioning and new prescribing guidelines will result in a greater need to provide information to patients about managing their health. Nearly half of health professionals feel that access to reliable and unbiased information for patients is limited and 88 per cent would welcome a single source of high quality information. **AC**

## Research centre gives lift to primary care

**Research** Health minister launches £3 million project

The government will inject an annual spend of £3 million into a project to improve the evidence that supports primary care.

Health minister Andy Burnham launched the National Institute for Health Research School for Primary

Care Research on May 17.

The centre is designed to provide confirmation of the benefits of primary care. Research will be conducted into areas including medicines being prescribed, tests being conducted and the

general advice given on certain conditions.

The evidence will be used to establish new methods of preventing ill health as well as assessing ways to improve communication with patients and staff. **TH**

## Your views

### Could you follow Boots' example and make private PGDs pay?

"In my area in central London I see such services as a major area for growth in pharmacies. In most boroughs, there are areas of affluence, where pharmacies could provide some necessary services privately funded by the patient.

"However, there are probably ethical issues for PCTs in sanctioning non-NHS services for their populations or even legal loopholes as obstacles to developing PGDs. Improved and cheaper diagnostic testing, with relevant treatment under PGD, can be used in screening for sexually transmitted infections, emergency hormonal contraception, weight loss programmes, flu vaccination (supply and administration) and minor ailments such as simple UTIs. With the potential changes to supervision etc, pharmacists will be able to spend a lot more of their own time on the front line providing all the new services."

**Rekha Shah, secretary, Kensington, Chelsea & Westminster LPC.**



Rekha Shah: private PGDs are a major area of growth

"Private supply of drugs under PGDs is an area of potential growth for community pharmacies but will be limited by the readiness of patients to take financial responsibility for their own health and the willingness of pharmacists to capitalise on this.

"The areas that would be most likely to be profitable are those where people already spend money buying drugs from non-pharmacy suppliers on the internet. The main areas in which this happens are weight reduction and erectile dysfunction."

**Robbie Turner, member, Leeds LPC.**



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# Pharmacy in dispute over dental application

**PHARMACY** Local PCT says no need for dental services in pharmacy's area

A West London pharmacist looking to expand her premises to include a dental surgery has been denied funding by the local PCT.

Elizabeth Hopkins, of Hopkins Pharmacy in Ruislip, planned to extend her premises in West End Road to include a dental clinic. But Hillingdon PCT said there was no need for further dental services in the north of the borough, where the pharmacy is located.

More than 300 local residents have signed a petition urging the PCT to provide financial support for the clinic. Many have complained of a shortfall in dentists, said Mrs Hopkins, adding that several surgeries in the area had opted out of the new NHS contract.

"Although they had quite a number of dentists who haven't signed to the new contract, [the PCT] maintain there is coverage and



Campaigning for an NHS dentist at the Hopkins Pharmacy are, from the left: Elizabeth Hopkins, Marcel Jolinon, councillor Douglas Mills and Michael Markham

don't want to cough up the money," she added. The PCT disagreed, saying only one dentist had not signed up.

The campaign is supported by

councillor Douglas Mills, who met with Hillingdon PCT on May 18, said Mrs Hopkins.

Local MP Nick Hurd had also

contested the PCT's decision. "We know there is demand from the number of people who have signed the petition. That demand will only grow with the amount of development in the area," he said.

Planning permission has been granted for the building extension. The pharmacy has already been refurbished to include a consultation room and has been reduced in size to provide space for a waiting room.

Mrs Hopkins said the plan to co-locate with a complementary medical service, originally earmarked as a GP surgery, was a response to increasing competition from larger retailers.

"We have quite a large dispensary and the shop is mainly medical but hairsprays, shampoos and colorants are obviously being targeted. We can't compete on price," she said. **TH**

## Allergy patients gain relief

**Northern Ireland** Minor ailments scheme extended

**Northern Ireland's community** pharmacy minor ailments scheme has been extended to include hayfever symptoms.

The service was introduced last November, to enable patients to obtain treatment for common ailments such as sore throats, headaches, coughs and colds from their pharmacy without needing to go to their GP for a prescription. The province's chief pharmaceutical officer Norman Morrow said pharmacists would now also be able

to assess patients, give advice and, if required, a supply of medicine for the treatment of hayfever.

Community pharmacists provided around 5,000 consultations each month in Northern Ireland during the winter months, said Dr Morrow. The DHSSPS said it has made payments totalling £123,604 to pharmacists taking part in the scheme.

The scheme is likely to form part of the new contract services, according to Terry Hannawin, PCC chief executive. **JE**

## Your views on NI's minor ailments service

"I think it's great. At the start no one knew about it but the GP surgery has recently been sending people to us. Also we're in a student area and the news has spread around that we offer the service."

**Laura Kearney, Robert Scott Pharmacy, Belfast.**

"I've been very much involved in this service, which has raised our profile as prescribers. Patients don't have to wait two weeks to see a doctor, they can come in and see a

pharmacist at any time of the day without a prescription, even on a Saturday. We're saving time spent by parents with babies and children at A&E. It's an example of an additional service that we provide and we're paid for it properly."

**Peter Wright, Four Winds Pharmacy, Belfast.**

"I'm very positive about it. Patients are starting to ask to take part in the scheme. We've seen about 150 patients who are eligible for free prescriptions since November."

**Julie Ritchie, Kennedy's Pharmacy, Rasharkin, Ballymena.**

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**Imigran Recovery 50 mg Tablets (sumatriptan) Product Information.** **Uses:** Acute relief of migraine attacks. Ensure clear diagnosis. **Dosage:** Adults 18-65 years only: 50 mg, as soon as possible after onset of migraine headache. Repeat dose  $\geq 2$  hours after first if symptoms recur. Do not take second tablet if no response to first. **Contraindications:** Prophylaxis. Hypersensitivity to constituents or sulphonamides; concurrent treatment with MAOIs, ergots, other triptans; myocardial infarction, ischaemic heart disease, symptoms/signs consistent with ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), arrhythmias, peripheral vascular disease; stroke or transient ischaemic attack; hypertension; hepatic or renal impairment; history of seizures, lowered seizure threshold; hemiplegic, basilar or ophthalmoplegic migraine. **Precautions:** First migraine after age 50, assess risk factors for cardiovascular disease, typical headache  $>24$  hours, atypical symptoms, taking combined oral contraceptive pill, pregnancy or breast feeding. **Interactions:** MAOIs, ergots;

SSRIs, tricyclic antidepressants, St John's wort. **Side effects:** Common: pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Dizziness, drowsiness; nausea, vomiting; feelings of weakness, fatigue. Very rare: hypersensitivity reactions, seizures, nystagmus, scotoma; visual disturbances, cardiovascular disorders including bradycardia, tachycardia, palpitations, arrhythmias, ischaemias, coronary artery disease, myocardial infarction, hypotension, Raynaud's, ischaemic colitis. **Legal category:** P. **Product licence number:** PL 00071/0455. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, U.K. 9GS, U.K. **Package quantity and RSP:** 2 tablets £7.99. **Date of preparation:** 14/04/2002. Imigran is a registered trade mark of the GlaxoSmithKline group of companies. **References:** 1. Goadsby PJ, Lipton RB. *N Engl J Med* 2002; 346(4): 854-62. 2. Humphrey PPA. *Cephalalgia* 2001; 21 (suppl 1): 2-5.

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# Pharmacy Champions

## Pharmacists leading the way

Pharmacy  
Champions

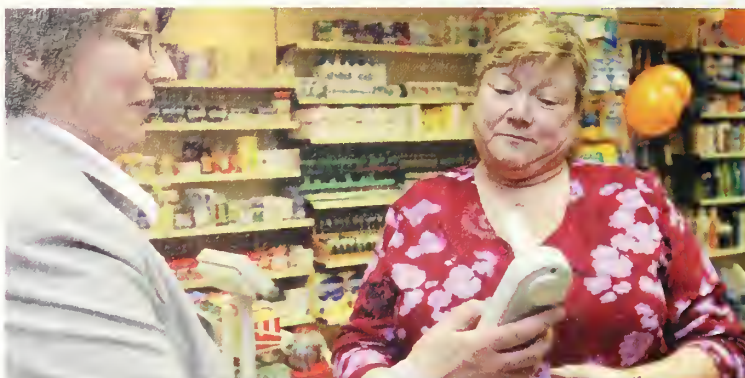
### What have you set up?

A PCT-led smoking cessation service, a weight management clinic adapted from the Alliance UniChem scheme, a medicines use review (MUR) service and a health check scheme with the help of GSK.

The smoking cessation scheme took a lot of time to set up, but it was our chance to show the PCT what we could do and we knew it had to succeed. We've now seen 80 patients who have been referred to us from QuitLine. Once we had one service up and running – and the pharmacy was used to freeing up staff time and using the consultation areas – the other schemes were much easier to set up.

### Were there difficulties?

Even though protocols were in place for the smoking cessation and weight management services, we still had to make them work. It was a big change for the staff to be so involved and the four of them, as well as two locums, responded well to the challenge after training. I believe your staff are key to



any successful pharmacy-run service.

We had to resist the temptation to use consultation rooms for storage and they are now useful spaces for us as we hire them out to other health professionals such as chiropodists.

The biggest challenge for any service is attracting users. Initially we asked three people to join the weight management clinic free of charge to help it get going and test our confidence with the procedures.

So far more than 100 patients have joined the four schemes, but we have much more capacity and now need to

address how we're going to fill it.

### How have the locals reacted?

The practice managers and patients are impressed by our levels of service – although it has taken some patients a while to come round to the idea of MURs – but it is a new experience for them and only results will get them on board. We went ahead with these services in spite of everything

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Champion: 01732 377688  
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because we wanted to show GPs what we could achieve.

### Any advice for others?

Set it up and have a go – you have to start somewhere. Tell your first patients that you are learning and use your staff. Keep your consultation areas completely clear.

### Would you do anything differently?

I would have set things up earlier rather than waiting for company-led schemes, but I have no regrets. We've enhanced the jobs of the staff and are certainly improving the quality of life of the patients. We'd now like to apply for the enhanced cholesterol testing service and we're exploring opportunities with surgeries for chlamydia tests.

Name  
**Jackie Lewis**

Pharmacy  
**Lewis Pharmacy, Exmouth**

What has she done?  
**Over the past 12 months, with husband Martyn, she has set up several services and won the professional development award in UniChem's Great Business Awards 2005**

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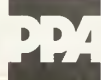
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# Don't let the fungus turn them into criminails!

**NEW**  
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Curanail with £1 million  
TV & press campaign

New Curanail has come to the rescue of the million or more people in the UK with mild fungal nail infection.<sup>1</sup>

Curanail is a new, effective,<sup>2</sup> pharmacy-only version of a treatment that was previously only available on prescription.

With a £1 million press and TV campaign over the summer, it may be time to send for your supply of Curanail. After all, it's better to get Curanail than let them become Criminails!

PIP Code: 322-0662

**It's better to get Curanail  
than be a Criminail!**



**Product Information:** Presentation: Curanail 5% Nail Lacquer contains 5% w/v amorolfine. Indications: Mild distal and lateral subungual onychomycoses caused by dermatophytes, yeasts and moulds limited to up to two nails. Dosage and Administration: Adults Only – Apply to the affected finger or toe nails once weekly (see summary of product characteristics for full technique). Treatment duration depends on intensity and localisation of infection. Generally, six months (fingernails) and 9–12 months (toenails). Not recommended for use in patients under the age of 18. Contra-Indications: Hypersensitivity. No experience in pregnancy and lactation, it should therefore be avoided. Precautions and Warnings: Avoid contact with

eyes, ears and mucous membranes. Patients with predisposing conditions such as peripheral circulatory disorders, diabetes mellitus and immunosuppression should be referred to a doctor. Patients with nail dystrophy and destroyed nail plate should also be referred to a doctor. Side Effects: In exceptional cases, a slight, transient burning sensation in the area of the nails. Rarely, nail discolouration, broken/brittle nails, but these could be linked to the onychomycosis itself. Interactions: No specific studies involving concomitant treatment with other topical medicines. Avoid nail varnish or artificial nails. Packaging Quantity and Cost: Pack containing 3ml nail lacquer, cleansing swabs, applicators

and nail files. 3ml £10.56 (N) £18.61 MA number PL 10590/00-1. Legal Category: P. Full prescribing information is available from: Galderma (UK) Limited, Meridian House, 80-81 Clarendon Road, Watford, Hertfordshire, WD17 2JH, UK. Tel: +44 (0) 1923 200 500. Fax: +44 (0) 1923 200 501. Date of Revision: March 2006. Date of Expiry: 2006. References: 1. Roberts, J. J. A. J. Galderma (UK) Limited. (Suppl 39) 22-27. 2. Roberts, J. J. A. J. Galderma (UK) Limited. (Suppl 39) 22-27.

Further information is available at:  
[www.curanail.co.uk](http://www.curanail.co.uk)



# Comment from the editor

## Remote supervision – pressing all the right buttons?



Following the cabinet reshuffle, Tony Blair took the opportunity to reiterate his aims for the NHS.

In a letter to health secretary Patricia Hewitt, he stressed that the pace of reform within the NHS must continue. He wanted more choice for patients, better access to NHS services, and an improvement in public health. And the NHS returned to financial balance. No small feat.

So what does this mean for community pharmacy?

Well, pharmacists are already embracing the opportunities within the new pharmacy contracts in England, Scotland and Wales – and soon will be in Northern Ireland. Pharmacists are beginning to offer more patient-focused services and taking greater responsibility for the care of their patients. In time, as public awareness of the new services builds, consumers will expect to access services such as medicines use reviews, public health messages and the prescribing of medicines, alongside the traditional dispensing service.

However, pharmacists face further professional reforms, in particular the Health Bill with its new definition of supervision and its proposals for remote supervision. While changing the definition of supervision by replacing the notion of 'personal control' with the concept of a 'responsible pharmacist' should give pharmacists more control over how the pharmacy operates, it is the proposal for remote supervision that is currently the hot topic for debate.

So the news this week that the robotics

company ARX is in talks with pharmacies about testing its self-service remote dispensing system has raised the debate to a new level. It is now only a matter of time before the technology appears in the community setting and, if Parliament passes the Health Bill, remote dispensing will become a reality.

The profession has long called for the NHS to make better use of the pharmacy network. But will the new technology deliver a profession better equipped to meet the public's (and the Prime Minister's) requirements or will it create a divided service? The results from ARX's trial will be eagerly awaited.

"Self-service remote dispensing has raised the debate to a new level"

## Your views

### A week is a long time in politics

**Lambeth Outlook: Beverley Parkin reviews the Cabinet reshuffle, which saw changes at health**



In these interesting times in the life of a government, a day is a long time in politics. Looking back over Labour's recent woes proves the point.

The party's poll rating is now at its lowest ebb since 1987, when Margaret Thatcher's government was in full flood. There is an ongoing investigation about the offering of gongs and peerages to potential donors. There was the whole Tessa Jowell issue, which dominated the news for a while last year.

force a resignation (the rule of thumb in Westminster is that two splashes in consecutive Sunday papers with a week of negative press sandwiched between calls for a political scalp). Then the secretary of state for health got heckled and slow hand-clapped by NHS staff at the UNISON and RCN conferences. On the same day, we saw the Deputy Prime Minister's shirt being unbuttoned by his secretary and Charles Clarke's department losing track of a large number of foreign ex-prisoners. And the question of the Prime Minister's leadership rumbles on.

The local election results proved very difficult for Labour and have further fuelled the calls on the leader to resign. The poor results, which saw Labour lose power in 18 councils in metropolitan areas, triggered a wide-ranging reshuffle, which many commentators saw as a last ditch attempt to bring on the chosen few and shore up the PM's legacy. The PM and chancellor then weathered a stormy meeting of the Parliamentary Labour Party (PLP), where stalwarts such as Clive Soley MP, the former chair of the PLP, said that it was vital

that both Messrs Blair and Brown engaged in full discussions about the transition of power. Interesting then, that only days after that meeting, a very significant concession on pensions policy was announced, with Mr Brown clearly ceding ground to Mr Blair over the restoration of the link to earnings. This is crucial stuff and is the clearest indication that the tectonic plates are now moving faster than ever.

The impact of the reshuffle has been felt right across government and much of it has surprised many political thinkers. Patricia Hewitt's fate was very much in the balance but her robust defence of government policy and the feeling that some of the angry nurses at the RCN conference had been politically motivated may have saved her job. But her ministerial team has been given a shake up, with pharmacy minister Jane Kennedy leaving the government altogether. Rosie Winterton remains, as does Lord Warner and Caroline Flint, who is promoted.

The Department loses the capable Liam Byrne to the Home Office but

gains rising star Andy Burnham, who becomes the new minister for pharmacy. Mr Burnham is a former adviser to Chris Smith during his time at culture, media and sport but has gained something of a reputation for incisive questioning as a member of the health select committee. His expertise in health policy is extensive: he is a former researcher to Tessa Jowell when she was an opposition health spokeswoman and a one-time parliamentary officer for the NHS Confederation.

Mr Burnham has impeccable Blairite credentials and it will be interesting to see how he tackles the crucial issues of reform in his red boxes. The Society's president has already made contact with him and is seeking an early meeting to pick up several key issues on the agenda.

All in all, this has been a troubled period for the government and with the lack of certainty around the future of the leadership the Opposition cries of "paralysis" will grow. Skilled ministers will ignore the spectacle and implement their briefs regardless. **Beverley Parkin, RPSGB director of public affairs.**



# Xrayser

Xrayser

CD

Let's give three cheers for Curanail

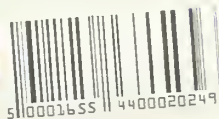
**Hooray for another POM to P switch, and let's hope this one doesn't carry on to GSL status.**

Curanail for fungal nail infections (C+D, May 20, p32) is a long-awaited product that finally gives me the full range of treatments for fungal infections anywhere on the body. And I'm glad that I've had the Society practice guidance and C+D's Update article (May 13, p21) to get me up to speed before I've seen anything from Galderma.

Curanail is not complicated to use and will require more persistence than skill on the counselling front. With a treatment period of up to 12 months, this is set to become the longest running OTC treatment, making it ideal for pharmacy treatment and unsuitable for supermarket shelves. Patients will benefit from a gentle reminder on subsequent visits to ensure they clear up the infection completely. They may also need encouragement to purchase another pack.

If this product is aimed at the 'time poor' it must also be aimed at the 'cash rich' because at £18.61 you are unlikely ever to pay this much for 3ml of anything again unless you are in the market for enriched uranium. But once patients can see past the hefty price tag, they will see this is an effective product and its long treatment period will help build a relationship with pharmacy staff.

CD



1 tablet made

Xrayser

CD

## NHS Direct cuts reflect patient preference

**It's hardly surprising that NHS Direct is closing call centres and axing up to a quarter of its staff.** It was a novel idea and well worth testing, but its lack of success simply proves that if people have a health query they want more than a voice on the end of a telephone running through a series of standard questions.

I'm sure this protocol procedure will continue to be sufficient to alleviate the concerns of a worried few, and an easy to use NHS-endorsed website written in layman's terms is likely to become increasingly popular. I imagine the way forward is an internet-based protocol that patients work through themselves.

But there is no replacement for a face-to-face consultation and individual advice, particularly from a professional whom you have come to trust. Call centres are an increasingly common and particularly infuriating fact of modern life, and one that most people will do their best to avoid. And patients who need treatment prefer their consultation to end with either a prescription or an OTC medicine, not a trip to the surgery or pharmacy to repeat the whole exercise again.

There is no doubt NHS Direct has generated additional work where patients who previously 'muddled through' have rung the helpline and put the phone down more worried than before they called. Cheeky is a polite word to describe the wish of NHS Direct's national pharmaceutical adviser that it should be able to transfer calls direct to pharmacies where appropriate. Passing the buck is an accurate description.

The NHS is shaped by patients' needs, and their preferences have become clear. Yes, there is a place for NHS Direct in some shape or form, but given the choice, most people prefer an easily accessible healthcare professional with quick access to treatment.



Black bag

## Singin' the Blues

**On internet TV, I watched**

Patricia Hewitt's right royal roasting at the hands of the Royal College of Nursing.

Atlanta, Georgia, has never heard of her; the average citizen would be hard pushed to name the Deputy Prime Minister, this being not quite the bible belt. But how many Brits could identify George Bush's sidekick other than Tony Blair? Names and politics get lost across the pond.

"Two countries divided by the same language." Freedom Fries have reverted back to French Fries but not quite devolved to 'chips'. This is reserved for very thin slices of potato. So any conversation invariably invokes "you say potato and I say potato", which is pretty meaningless without emphasis on the letter 'a'. Things are spelt the same yet sound different while similar sounding words often lose functionless vowels. But one word, or rather acronym, is spelt and pronounced exactly the same on

Names and politics get lost across the pond but one acronym is pronounced exactly the same: NHS

both sides of the Atlantic: NHS.

Although Hilary Clinton tried to spell it out for the Democrats, the huge private medicine lobby preferred RIP. In Blind Willies, the famous Atlanta blues club, I asked startlingly sober customers what they thought of the NHS. Their replies would have warmed Nye Bevan's heart. In truth the service no longer deserves such adoration but it still belongs to the people who work in it and use it.

Politicians attempting to make it their own do so at great risk. It's a bit like rich people saying they built a house while really only supplying the money for others to do so. The NHS was founded by a politician, funded through politicians, but made by people. Ms Hewitt would do well to remember that. Being taught this by nurses really hurts. That's what they call the blues  
**Dr Ian Banks is a GP practitioner in Northern Ireland**



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\*\*74% of sufferers experience a blocked nose as part of their symptoms (U&A 2005)

[www.allergyadvice.co.uk](http://www.allergyadvice.co.uk)

**Pfizer** Consumer Healthcare

**Benadryl Allergy Relief (GSL) Product Information:** **Presentation:** Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005 **Benadryl Plus Capsules Product Information:** **Presentation:** Acrivastine 8mg and pseudoephedrine 60mg **Uses:** Allergic rhinitis **Dosage:** Adults and children 12-65 years: One capsule as necessary, up to three times a day. **Contraindications:** Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOI's in the preceding 14 days. **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness, CNS excitement, urinary reaction, skin rash, **RRP (ex-VAT):** 12s £4.25, 24s £7.65 **Legal category:** P **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0017 **Date of Preparation:** Dec 2004



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# C+D Clinical

## Bright eyed and bushy tailed

With their knowledge of veterinary medicines, pharmacists can help rabbit owners to keep them healthy

**Sarah Cockbill**

Many of us begin a lifelong involvement with animals by being given responsibility for the care of creatures such as mice, guinea pigs, hamsters or rabbits. Traditionally, pet shops have been considered sources of knowledge for problems with these small pets, but pharmacists are ideally placed to offer informed advice, provided they do not breach the 1966 Veterinary Surgeons Act by attempting to diagnose any condition from symptoms described by the animal's owner.

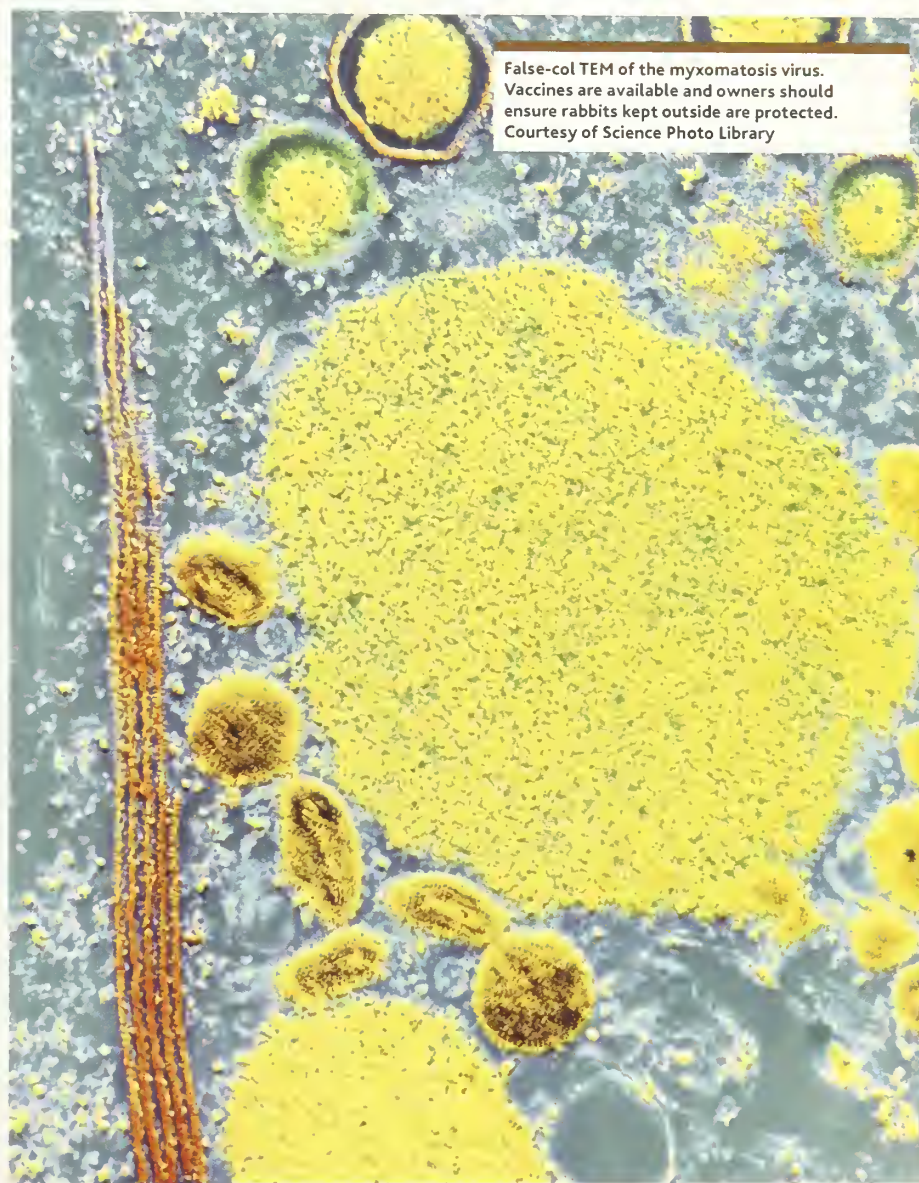
There are many areas in which pharmacists' expertise with medicines can be used to the advantage of the small mammal owner. Once appropriately trained, pharmacists can assist owners with preventative medicine as well as advising on product availability, use, and administration, including the need to relate dose to animal weight. They can also supply appropriate accommodation and cleaning products to ensure adequate hygiene is maintained.

There are many medicines licensed for administration to small mammals, but not all are appropriate for all species. For example, oral antibiotics such as amoxicillin and co-amoxiclav can kill rabbits, whereas injectable benzylpenicillin is relatively safe. The Veterinary Formulary gives information about safe and appropriate administration of medicaments.<sup>1</sup>

### Rabbits

Rabbits were introduced into the UK for food and fur in the 11th century, although they were living throughout Europe for many centuries before. They did not become pets until the 19th century and currently there are estimated to be more than 4.5 million pet rabbits and a further 38 to 40 million wild rabbits.<sup>2</sup>

They need a good quality hutch with adequate space to exercise and sit upright without their ears touching the roof, a separate sleeping section, and insulation from draughts, wind and rain. The sleeping area should be lined with peat moss, cat litter or wood



False-col TEM of the myxomatosis virus. Vaccines are available and owners should ensure rabbits kept outside are protected. Courtesy of Science Photo Library

shavings covered with a layer of straw or shredded paper. Hutches should be regularly cleaned and the bedding replaced.

Rabbits need exercise and companionship, so a run should be provided and, if possible, a companion (of the same sex if the owner has no intentions of entering into a breeding programme!). If veterinary treatment is necessary then the companion should be taken too, as rabbits stress easily. Should the rabbit die, the companion should be given time to say

goodbye or it could die from depression.

Rabbits are herbivores and their digestive systems are extremely efficient at digesting fibrous material. Owners should take care when attempting to vary their pets' diet by including greens, as many plants (such as buttercups, clematis, elder, foxglove, holly, ivy and woody night shade) are toxic to rabbits.

Rabbits are prone to several diseases which need early diagnosis if treatment is to be successful.

This article can help in the following CPD competencies: G1c, G1h, G1i, C4k, G1w. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)



# Pharmacy update

## Dental problems

Rabbit teeth grow continuously throughout life and missing or overgrown molars and incisors cause significant problems. The rabbit diet requires copious quantities of fibre to ensure the teeth wear evenly and do not overgrow, as this can lead to discomfort, jaw abscesses and anorexia. Problems will manifest as increased salivation, an inability to chew and tooth grinding. The teeth will need clipping or filing by a vet to correct the problem.

## Diarrhoea

Rabbits commonly suffer from chronic diarrhoea but this seldom leads to death. The faeces produced contaminate the fur and make the rabbit vulnerable to fly strike (see later), particularly in the summer. Diarrhoea may also be a result of Tyzzer's disease caused by *Clostridium piliforme*. Antibiotics are ineffective as chlortetracycline, penicillin, streptomycin and erythromycin are only partially inhibitory. Oxytetracycline added to drinking water can effectively limit epizootic outbreaks.<sup>2</sup> If the rabbit is on antibiotics then the pharmacist can recommend a concurrent low dose of a vitamin supplement or live yogurt to be continued for five days after therapy.<sup>1</sup>

Diarrhoea can also be caused by the parasitic disease coccidiosis, particularly if there is overcrowding or the hutch is not clean. However, diet is the major factor in most cases of rabbit diarrhoea. The single most important part of a healthy rabbit diet is an unlimited supply of fresh hay as it has been shown that uncontrolled feeding of commercial, dry rabbit diet (with water) leads to obesity, heart and liver disease and kidney disease as well as diarrhoea.<sup>3</sup> There are no OTC treatments for rabbit diarrhoea and the client should be advised to contact the vet if amending the diet to include more fresh hay does not lead to improvement or if other rabbits in the hutch are affected. It is essential to maintain fluid balance with both oral and parenteral fluids (Hartmann's solution) and pharmacists are well qualified to advise on this aspect of treatment.

## Eye problems

Rabbits are particularly prone to eye infections. Simple infections such as those caused by hay getting into the eye are effectively treated by chloramphenicol eye ointment. Infections caused by *Pasteurella spp* are often resistant to treatment and warrant cloxacillin or gentamycin eye ointments. All cases should be referred to a vet for diagnosis. However, a superficial foreign body in the eye can be gently flushed out using normal saline eye drops. Pharmacists can provide these drops and advise on administration.

## Fly strike

Fly strike can occur anywhere and anytime. Flies such as bluebottles and greenbottles are attracted to rabbit droppings, open wounds or

Pharmacists can advise on common rabbit problems such as diarrhoea, parasites and fly strike. Picture courtesy of Empics



old food and, therefore, scrupulous and regular cleaning of both the hutch and rabbit, particularly the fur around the anus, are essential. The pharmacist should emphasise this when supplying the hutch and cleaning materials. The flies lay eggs that hatch into maggots, which burrow into the rabbit causing great discomfort, pain and eventually death. The more restricted the rabbit is in movement then the more likely it is to be a target. The underlying cause of the problem must be addressed. Recurrence can be prevented by routine use of cyromazine, for which a veterinary prescription is necessary.

## Gastrointestinal problems

As rabbits frequently ingest hair while grooming, a diagnosis of 'hairball' or 'wool block' is commonly made when the rabbit appears constipated. However, many veterinary surgeons believe this condition is

not caused by hair but by a sluggish motility of the gastrointestinal tract because of insufficient indigestible fibre in the diet. This deficiency causes intestinal stasis, leading to dehydration and impaction of material in the stomach and caecum.

Treatment involves subcutaneous or, in severe cases, intravenous fluids, laxatives, oils to lubricate, and human drugs such as metoclopramide to improve gut motility. Occasionally the veterinary surgeon may attempt to dissolve ingested hair by giving enzymes such as papain (from pineapple or papaya juice), which have limited success.

## Myxomatosis

Myxomatosis is a viral infection deliberately introduced into the UK rabbit population in 1954 to control their numbers. Symptoms include swelling of the eyes, nose, ears and genitals. It causes considerable distress and the



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- Clinically proven to restore cracked heels in just 7 days
- Increased effectiveness ensures even greater customer appeal



# Pharmacy update

...a fortnight to die. The ... 1954 ... now been amended to ... illegal to deliberately infect any rabbit ... vaccines are available and owners ... animals living outside are ... Six-monthly boosters are recommended for rabbits in high-risk myxomatosis areas but 12-monthly boosters are adequate elsewhere. Vaccination should be in the late spring/early summer with at least 10 per cent being given intradermally for adequate immunity to be achieved.

## Parasites

Rabbit ectoparasites include fleas, fur and ear mites. Endoparasites such as pox virus, worms and coccidiosis often lead to diarrhoea. Both types of parasites may also cause loss of condition and skin disease.

Flea treatment is with imadacloprid, which is licensed for use on dogs and cats but available on veterinary prescription under the prescribing cascade.<sup>4</sup> This procedure allows vets to prescribe or administer a human medicine or veterinary product authorised for use in another species, if no authorised product exists for the species being treated. The hutch and other environment should be treated simultaneously.

Ear mites (*Psoroptes cuniculi*) may be seen as mild inflammation to severe crusting which should be softened before removal. A dog ear cleanser, of which there are several on the market, is often used for this but, unfortunately for pharmacists, none are licensed for use in rabbits, so a veterinary prescription is necessary. Neurological damage can be caused by the two endoparasites *Encephalitozoon cuniculi* (*Nosema cuniculi*) and *Baylisascaris procyonis*. Pet rabbits should be kept free of all parasites as there are few products authorised for their treatment. Ivermectin is prescribed for the treatment of both endo- and ecto-parasites at a dose of 200 to 400 µg/kg body weight, piperazine for endoparasites at 500 µg/kg body weight, repeated after 10 days, and permethrin as a dusting powder for ectoparasites.<sup>1</sup>

## Pasteurellosis

*Pasteurella multocida* is a common cause of rabbit respiratory disease. It can be brought on by stress and spread by mating, general contact or wounds from fighting. The rabbit develops breathing difficulties, a discharge from the eyes, head tilt and abscesses in the mouth and under the skin. Most cases are treated with antibiotics such as enrofloxacin, but the condition may become chronic so treatment should be continued for weeks or months. Pharmacists should refer the owner to the vet immediately, so that wounds can be treated early, and encourage the owner to minimise stress by separating any fighting rabbits and ensuring there is sufficient room to exercise and feed. These measures, together with a good diet and a clean environment with fresh water, will minimise the risk of infection.

## Viral haemorrhagic disease (VHD)

This is an acute, highly contagious infection caused by a calcivirus, characterised by foaming at the mouth, haemorrhagic nasal discharge and convulsions. Rabbits surviving it may later develop jaundice and die. A vaccine is available, administered by subcutaneous injection.

This article has dealt with the care of rabbits, one of the most popular of children's pets, and has illustrated several areas in which pharmacists can become actively involved. At present few medicines are licensed specifically for use in rabbits, but the current reclassification of veterinary medicines may see more products becoming available for direct supply by pharmacists.

## References:

1. Bishop, Y (ed): Veterinary Formulary, 6th Ed, 2005. London, Pharmaceutical Press.
2. Kayne, SB, Jepson, MH (eds): Veterinary Pharmacy, 2004, London, Pharmaceutical Press.
3. <http://www.rabbit.org>
4. Medicines, Ethics and Practice: A guide for pharmacists. 29th Ed, 2005, 73, Royal Pharmaceutical Society of Great Britain. See under CPD section.

Sarah Cockbill PhD, LLM, BPharm, MPharm, DAgVetPharm, MIPharmM, FCPP, FRPharmS, is secretary of the Veterinary Wound Healing Association, a member of the Veterinary Products Committee, the Veterinary Pharmacists Group Committee and a teaching fellow at the Welsh School of Pharmacy, Cardiff.

## Continuing professional development

### Reflect

There are more than four million pet rabbits in the UK, so the chances are many of your customers are involved in their care. Should you be offering a pet healthcare service to them? What do you know about the diseases affecting rabbits and the medicines available? Do you know how far you, as a pharmacist, can go when advising on treatment of these mammals?

### Plan

Try to find out how many of your customers own rabbits and from where they obtain their petcare supplies and health advice. Is your locality well served with sources of supplies and advice or is this an opportunity for you as an expert in medicines? If you read this article you will know more about the general care of rabbits, what common diseases affect them, how these ailments are treated and when you should refer to a vet.

### Act

- After reading this article, read the previous ones in C+D's Pharmacy Update veterinary series if you haven't already done so (Basic principles, August 13, 2005, p17-19; Dogs, September 24, p23-26; Cats, October 22, p21-23; Horses, February 4, 2006, p19-21).
- Read about veterinary medicines and the 'prescribing cascade' in the Royal Pharmaceutical Society's latest Medicines, Ethics and Practice: A Guide for Pharmacists.
- Think how you might set up a basic service in selling pet medicines. Read the parts of reference two relevant to the services you decide to offer (Kayne, SB, Jepson, MH (eds): Veterinary Pharmacy 2004, London, Pharmaceutical Press).

### Evaluate

Do you feel confident enough to answer customers' queries about their pet rabbits and the medicines you might supply on a veterinary prescription? If not, find further information at [www.rabbit.org](http://www.rabbit.org) and the relevant parts of reference one (Bishop, Y (ed): Veterinary Formulary, 6th ed. 2005. London, Pharmaceutical Press).



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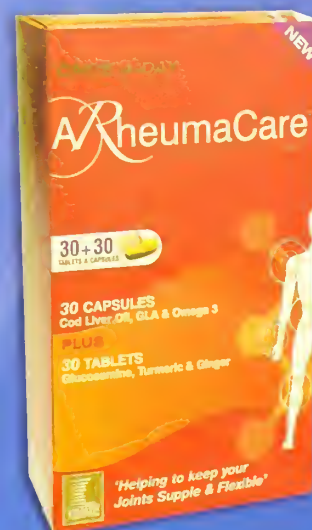
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**1. ARheumaCare® capsules contain a unique combination of 3 active ingredients; Omega 3, Cod Liver Oil and....**

- a) ☐ Star Flower Oil      b) ☐ GLA      c) ☐ Sun Flower Oil

**2. ARheumaCare® tablets contain a unique combination of 3 active ingredients; Glucosamine, Turmeric and....**

- a) ☐ Ginger      b) ☐ Chondroitin      c) ☐ Cinnamon

**3. The ARheumaCare® skeleton (above) needs a name... Let us know what you think our flexible friend should be called. All suggestions welcome!**

The ARheumaCare® skeleton should be called \_\_\_\_\_

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#### Reference

1) T.A. Mustoe, M.D., et al, International Clinical  
Recommendations on Scar Management, Special Topic 2002.

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**mepiform**



## Clinical news

## In brief

## Cipralex drops

Cipralex 10mg/ml oral drops (escitalopram) is the latest addition to Lundbeck's portfolio of selective serotonin reuptake inhibitors.

The product is indicated for the treatment of major depressive episodes, panic disorder with or without agoraphobia, social anxiety disorder and generalised anxiety disorder. The dosage varies according to the condition being treated, but should be taken as a single daily dose, and may be mixed with water, orange juice or apple juice. After opening, the drops should be used within 16 weeks. Price: £18.82; pack size: 28ml dropper bottle; Pip code: 319-5872; Lundbeck Ltd, tel: 01908 649966.

## Rotarix for gastroenteritis

GlaxoSmithKline has launched an oral vaccine that prevents rotavirus-related gastroenteritis.

Rotarix should be given as a course of two doses, the first administered from six weeks of age, with a minimum of four weeks between doses. The vaccination course must be completed by 24 weeks of age, and the SPC states that there are no known interactions with co-

administered paediatric immunisations.

The vaccine is contraindicated in adults, and in infants with a history of intussusception or congenital malformation of the gastrointestinal tract that would predispose towards the bowel problem. Rotarix should be used with caution in individuals with GI disease or growth retardation. Price: £41.38; pack size: single dose vial, with 1ml solvent in prefilled syringe; Pip code: 255-5860; GlaxoSmithKline UK Ltd, tel: 080 8997 1000.

## Macugen for AMD

Pfizer has launched Macugen (pegatinib sodium), a first in class treatment for wet age-related macular degeneration. AMD is the UK's leading cause of blindness.

Administered via intravitreal injection every six weeks, pegatinib sodium inhibits the activity of vascular endothelial growth factor, a secreted protein that causes abnormal blood vessel growth and leakage of fluid in the eye. Clinical studies have shown the benefit of continuing treatment for two years.

Macugen has been available as part of a compassionate use programme since last May. Although the drug is now available on the NHS, its use will be restricted to hospitals, and assessment by

the National Institute for Health and Clinical Excellence is likely to start in the autumn. For more information, contact Pfizer Ltd on tel: 01304 616161.

## Tiloket adds to range

Tillomed has added a 28 pack of 50mg capsules to its Tiloket range (ketoprofen). Price: £3.99; pack size: 28 caps; Pip code: 322-5158; Tillomed Laboratories Ltd; tel: 01480 402400.

## Minocin MR out of stock

Minocin MR 100mg capsules (minocycline) are currently out of stock, Wyeth has said. The product's marketing authorisation is being updated, and this has caused the disruption to supply, explained the company. More information on availability can be obtained from Wyeth customer services by telephoning 0845 330 0509.

## Reminyl discontinued

Reminyl 4mg tablets (galantamine hydrochloride) are being discontinued due to a lack of demand. Manufacturer Shire says the product will be available until the end of July. For more information, tel: Shire Medical Information on 01256 894000.



Further information is available on request from:

ProStrakan Limited,  
Galabank Business Park,  
Galashiels TD1 1QH.

Legal Category: POM

Date of preparation: January 2006.

MO11/095E

Please consult Summary of Product Characteristics before prescribing.

Rectogesic® 0.4% Rectal Ointment is indicated for relief of pain associated with chronic anal fissure.

Adverse events should be reported to ProStrakan Ltd on 01896 664000. Information about adverse event reporting can also be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

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New Rectogesic.  
Ready to  
tackle the pain  
of chronic  
anal fissure.

New  
**Rectogesic® 0.4%**  
glyceryl trinitrate 0.4% w/w  
Rectal Ointment

A welcome return to normal life.



## Clinical news

## A Practical Approach...



On his return from a week off, pharmacist David Spencer is greeted by Brenda, the dispensing technician. "Oh David," she says, "I'm really glad you're back."

"Why, what's the matter?" asks David.

"It was the locum, I'm afraid we had some problems with him."

"Oh dear. All the locums we've had from that agency before have been fine. What did he do?"

"Well, he made quite a few mistakes. Luckily there was no harm done because I spotted and corrected them before the scripts went out, but I think the poor man might have a serious problem."

"How do you mean?" asks David.

"With alcohol. He used to come back from lunch smelling of it, his speech was slurred and he seemed very confused in the afternoons, and that's when the errors occurred. But he was actually a nice chap. I got chatting to him and he seemed pleased to have someone to talk to about his personal problems. He told me that he's got an autistic son and coping with him is putting a real strain on his marriage. He says he thinks that he and his wife may split up over it. I think that could be the cause of his drinking," replies Brenda.

"It sounds very sad, but we've got to think about patient safety," says David. "I'll need to think what's best to do."

## Questions

1. What options are open to David? What ethical responsibilities does he have?
2. Is there anything that David could do to help the locum while safeguarding public safety at the same time?

## A practical approach... last week's answers

1. In Martindale, by searching on the internet, or by contacting the information service provided by the National Pharmacy Association or the Royal Pharmaceutical Society. It contains salbutamol.
2. David cannot make an emergency supply as the medicine must have been previously prescribed for the patient by a doctor registered in the UK. However, he should supply the medicine, as his ethical responsibility overrides the need to adhere strictly to the regulations, but he would need to document the circumstances and his action in much the same way as for an emergency supply under the Medicines Act regulations.
3. RPSGB Code of Ethics, Key Responsibilities of a Pharmacist, states: "At all times pharmacists must act in the interests of patients ...". Part 3:15, Emergencies, states: "Pharmacists ... must consider the medical consequences ... of not supplying".

This article can help in the following CPD competencies: G1h, G10b, G2m, G4a. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)



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**STIEFEL**  
Research in Dermatology

# BENZAMYCIN<sup>®</sup> OUT OF STOCK

Benzamycin Gel (benzoyl peroxide 5%/erythromycin 3%) marketed by SCHWARZ PHARMA Limited for the topical treatment of acne vulgaris is currently unavailable and is estimated to be out of stock for up to six months.

During this period, SCHWARZ PHARMA and Stiefel Laboratories are working in conjunction to ensure as little disruption to patients as possible. SCHWARZ PHARMA would like to ensure patients receive the benefits associated with a combination of benzoyl peroxide and antibiotic for their acne.

For this reason, SCHWARZ PHARMA recommend that **Duac<sup>®</sup> Once Daily Gel** (benzoyl peroxide 5% and clindamycin 1%) be considered as a suitable alternative for those patients currently receiving prescriptions for Benzamycin Gel. Please consult Duac Once Daily Gel Summary of Product Characteristics before prescribing.

Benzamycin Gel and Duac Once Daily Gel are the only licensed topical combinations containing benzoyl peroxide and an antibiotic.

If you have any questions regarding the Benzamycin stock situation please contact SCHWARZ PHARMA Ltd on 01923 684100 or email [benzamycin@schwarzpharma.co.uk](mailto:benzamycin@schwarzpharma.co.uk)

**Duac<sup>®</sup>**  
**Once Daily Gel**

**Clindamycin 1% and benzoyl peroxide 5%**  
**A first in acne therapy**

Further information is available from: Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks HP10 0AU. Legal category POM © March 2006 Stiefel Laboratories (UK) Ltd. All Rights Reserved.

Please consult the Summary of Product Characteristics before prescribing.

**Adverse event reporting:** Information about adverse event reporting can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) Reports may also be emailed direct to Stiefel Laboratories (UK) Ltd at [adverse.reaction@stiefel.com](mailto:adverse.reaction@stiefel.com)



## Elastoplast

### Harnessing silver

If we look back only a few years to the turn of the millennium, the range of first aid dressings on sale to the public appeared limited. The choice of plasters was generally restricted to material (fabric or plastic), shape, size, and finish (clear, flesh coloured, blue for non-domestic use, or those for children featuring cartoon characters or animals).

Purchase of anything else usually followed a pharmacist's recommendation of a specific dressing, frequently accompanied by adhesive tape to keep it in place.

But the year 2005 heralded a new wave of innovation for the woundcare category. One of the most significant developments was the launch of over-the-counter dressings containing silver.

Why silver? The metal, in ionic form, had been used for many years as an antimicrobial agent for the treatment of burns, usually in the form of silver sulfadiazine cream. Over the years, dressings had been developed – usually for use in secondary care – for many wound types that were prone to, or already subject to, infection. These gained rapidly in popularity, mainly due to concerns about the rise in infective organisms resistant to known antimicrobial agents.

Such dressings feature a wound pad containing metallic silver, which reacts with the moisture in a wound to release a stream of silver ions. Silver has a triple-pronged effect – destroying bacterial cell enzymes, disabling enzymes and inhibiting DNA replication<sup>1</sup> – and tests have also shown silver to be efficacious against the so-called 'superbug', methicillin-resistant *Staphylococcus aureus*. Furthermore, unlike many antiseptics, few cases of skin irritation<sup>2</sup> after exposure to silver dressings have been recorded.

It may be expected that harnessing the powerful antimicrobial action of silver compromises the integrity of the product. But this is not the case with Elastoplast<sup>®</sup> SilverHealing<sup>®</sup>. All the plasters and dressings in the range are hypoallergenic, and the polyethylene net that sits over the silver layer has been designed to be non-adherent, lowering the chance of it sticking to the wound and impeding healing. And while early silver dressings had the unfortunate effect of staining the skin black, this is unlikely with modern products.

Customers looking to use silver-containing dressings should be advised to clean and carefully dry the wound before applying the plaster. It is important to remind them that additional antiseptic preparations are not needed, and in fact may impede silver's antimicrobial activity.



#### References:

1. Lansdown AB (2002) Silver – its antibacterial properties and mechanism of action. *J Wound Care* 2002; 11(4): 125-30
2. Lansdown AB, Williams A. How safe is silver in wound care? *J Wound Care* 2003; 13(4): 131-36

# Savlon's strategy for the summer

Internet advertising will feature for the first time in Savlon's promotional plans this year. The £750,000 summer campaign for the brand's Advanced Plasters will span radio and press promotions.

Children's drawings are being used in online ads on MSN, Yahoo, Yell and Netdoctor, linked to a microsite offering samples of Savlon Advanced Plasters. Three 30-second radio adverts on 'high audience reach' stations such as Heart, Magic and Kiss FM are targeting listeners in key conurbations, says Novartis.

In the press, parents will be offered 1,500 Savlon weekly planners through reader promotions in magazines including 'Chat', 'Prima' and 'Best'. Designed to run from the start of the school year, the calendars feature space for



appointments, to-do lists and stickers for marking key dates.

#### Product info:

Novartis Consumer Health  
Tel: 01403 210211

## Fruit in a capsule

PMV30 Pomegranate Extract has been launched by Power Health.

The 500mg vegetarian capsules each contain 200mg ellagic acid (40 per cent), the amount contained in approximately eight 180ml glasses of pomegranate juice. Ellagic acid has antioxidant and antiatherosclerotic properties.

**Price: £6.99/30**

Power Health  
Tel: 01759 302595

### Products in brief

#### Product recall

Users of ReNu MoistureLoc contact lens solution are being advised to stop as there has been an increase in ocular fusarium infections in Hong Kong, Singapore and the USA. As a disproportionate number of those infected were using the Bausch and Lomb product, the manufacturer is taking the precaution of withdrawing it. Bausch & Lomb  
Tel: 01372 224030  
www.bausch.com

#### Dig deep

The FSC supplement brand wants customers to grow their own herbs in its latest promotion. Packets of organic seeds are being given away with products in its 'As Mother Nature Intended' range. Bee Health  
Tel: 01262 607890

#### Back pain explained

A new edition of 'Understanding Back Pain' has been published by Family Doctor Publications. Price: £4.75  
Pip code: 322-3815  
Family Doctor Publications  
Tel: 01202 668330

## Panasonic powers sales

Battery manufacturer Panasonic has introduced a mixed counter display to drive impulse purchases.

The Power Station contains 14 packs of Xtreme Power alkaline batteries and 16 packs of Special Power zinc batteries, split equally between AA and AAA variants. Five £2 money off vouchers are supplied. The contents retail for around £66.

#### Product info:

Panasonic  
Tel: 01344 853795



# Imigran has its own Recovery service

Imigran Recovery (sumatriptan 50mg) has been launched as an over-the-counter medicine for migraine.

The two-tablet pack contains enough to treat an attack for 24 hours. The first tablet should be taken as soon as the sufferer realises the headache is a migraine and not just a normal headache. The second tablet can be taken at least two hours later if the migraine has returned. No more than two tablets should be taken within 24 hours or for the same attack. Relief from the headache can begin in around 30 minutes, with most patients finding complete relief in about two hours.

A brief migraine questionnaire is available to identify individuals who suffer from 'a stable and established pattern of migraine'. The questionnaire should take between five and eight minutes. After completing the questionnaire and a consultation with the pharmacist, the customer can either buy the product, be advised on an alternative treatment or be referred to their GP. Those who purchase Imigran



Recovery will receive a treatment card to show to the pharmacist next time they ask for Imigran Recovery.

GSK has produced educational and training materials covering diagnosis, a review of migraine, triptans and patient suitability. More information on training is available at [www.practicehealth.co.uk](http://www.practicehealth.co.uk)

Each tablet comes in a hard shell container to protect it when carried in a handbag, briefcase or pocket.

**Price: £7.99**

Pack size: two tablets

Pip code: 320-7578

GSK Consumer Healthcare

Tel: 020 8047 5000



Products advertised  
on TV next week

**Aquaban, Aquaban Herbal:** GMTV, five, Sat  
**Aquafresh:** All areas except U, CTV, GMTV, Sat  
**Arm & Hammer Enamel Care:** All areas  
**Buscopan:** C4, GMTV, Sat  
**Daktarin Dual Action:** All areas  
**Dulcolax:** GMTV  
**Hedrin:** GMTV, Sat  
**Lamisil Once:** All areas except GMTV  
**Listerine Advanced Tartar Control Mouthwash:** All areas  
**Lucozade Sport:** All areas except U, CTV, GMTV, Sat  
**Optrex Dry Eyes:** All areas  
**Optrex Lubricating Liquid Gel:** All areas  
**Piriton:** All areas except U, CTV, Sat  
**Rennie:** All areas except CTV  
**Ribena:** All areas except U, CTV, GMTV, Sat  
**Sensodyne:** All areas except U, CTV, GMTV, Sat  
**TCP Spray Plaster:** All areas  
**Wartner Wart & Verruca Remover:** G, Y, C, M, CAR, Sat  
**PharmaSite for next week:**  
**Clarityn** – Windows, **Clarityn** – In-store,  
**Pepto Bismol** – Dispensary  
**Pharmacy channel:**  
**Scholl Freeze, Pfizer Regaine**

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## Yeast Vite

### For when you really need to wake up.



When your customers are showing the sure signs of daytime fatigue, open their eyes to Yeast Vite in its bright new packaging. Our dual action formula provides a boost of caffeine for instant alertness, followed by essential B vitamins to slowly help release energy from food. So at least they'll start the day off on the right foot!



Presentation: Tablets each containing 50 mg caffeine, 1.75 mg nicotinamide, 0.167 mg thiamine hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). Indications: For relief of tiredness. Recommended daily amount of vitamins B1, B2 and nicotinamide. Dosage: Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in 24 hours. Contraindications: Known sensitivity to any of the ingredients. Warnings and Precautions: Avoid excessive intake of coffee or tea. Undesirable effects: Caffeine may cause tremor and palpitations. Legal category: GSL. Marketing Authorisation Number: 00240/0051. Marketing Authorisation Holder: Thornton & Ross Ltd, Huddersfield, HD7 5QH. Trade Price: 24's: £8.79 for a case of 6, 50's: £14.25 for a case of 6, 100's: £21.69 for a case of 6. For further information contact the Marketing Authorisation Holder. Date of preparation: March 2006.



# Merger mania

How will the mergers and acquisitions activity taking place among generics manufacturers affect the pharmacist?

Steve Bremer

A spate of mergers and acquisitions among generics manufacturers has created a market increasingly dominated by a small number of major companies.

Familiar names have disappeared and a new name leapt to prominence in pharmacists' purchasing plans as a result of recent takeovers in the generics industry.

Teva's acquisition of Ivax has made it the largest generics firm in the world, and the 16th biggest pharmaceutical company. And the purchase of Pliva and Alpharma by Actavis make this new name a top five player in the global market, with more than 200 new products in its pipeline.

With the current state of the market, it appears that more mergers and acquisitions may be on the horizon, but it is not clear who might be next, or what it might mean for pharmacists. Kim Innes, director of Teva Generics, would not be drawn on possible future takeovers. "You can never be sure what the future will bring," she says, but she is sure that it is the larger companies that will be more

## More mergers and acquisitions may be on the horizon, but it is not clear who might be next, or what it might mean for pharmacists

successful in future. "Those that will thrive in the future are the ones with the global skills and resources that having the support of a company like Teva behind you brings with it, and the ones willing to work with their customers."

Halldor Kristmannson, vice-president, corporate communications at Actavis, suggests that further acquisitions could be on the cards: "Consolidation is vital to Actavis's long-term strategy. Generics companies need strong product pipelines, broad portfolios and very competitive production costs, which result from economies of scale. Therefore, further growth, both organic and through acquisitions, is essential to long-term success."

The British Generic Manufacturers Association believes that there are more mergers to come. "I don't think we've seen the end of it," says Warwick Smith, the Association's director. He expects further mergers will not involve "the traditional players" but that activity may

come from central Europe and India or further East.

The generics industry behaves in a similar way to any other industry and economies of scale are important. But the generics sector operates differently from the branded industry and is unlikely to end up like its branded counterpart, with a small number of large companies dominating the market, says Mr Smith. Generics manufacturers do not have to create their own pipeline but instead have to concentrate on sourcing ingredients and producing medicines at low cost.

New companies are applying to join the BGMA at the rate of almost one a month, so there is plenty of interest in the industry. "You can play in the generics market whatever your size but it depends on your business plan. Barriers to entry are low so new people will always want to enter."

Peter Ballard, sales and marketing director at Genus Pharmaceuticals, has a different view. He believes that the generics market will end up with a small number of major players. "I'm sure while Actavis and Ranbaxy are on the acquisition trail there will be further mergers," he says. "And as the Chinese build their strength I'm sure that there will be a lot more consolidation until the market is dominated by about five big players, which will all specialise in certain areas. And prices are sure to rise."

### Current issues

The listing of branded generics in the Pharmaceutical Price Regulation Scheme is the BGMA's biggest concern about the current reimbursement system. "It's unfair on us and undermines DH transparency," says Mr Smith.

The DH is still planning to remove branded generics from the PPRS scheme, but no clear consensus from its consultation is delaying implementation. The BGMA believes that off-patent brands should be reimbursed in the same way as generics because the current system allows branded companies to subsidise their off-patent products to compete unfairly with standard generics.

The new reimbursement system has increased transparency and allowed the DH to understand the market better than ever before. This gives it much more control over the market, but Mr Smith is confident that it will not abuse its monopoly power. "The Department of Health doesn't just want the cheapest medicines, it wants quality medicines and a sustainable market so it continues to get good products. They recognise that if we weren't around, the NHS would be in deeper trouble than it is."

There are people throughout the supply chain who are still learning their way around the new reimbursement system, says Mr Smith, but he believes that the 'risk sharing' negotiated by the Pharmaceutical Services Negotiating Committee drives the market effectively. The three month

gap between each new category M listing in the Drug Tariff means that if pharmacists force prices down on some products, this may not show in the Tariff for up to five months. But, conversely, there is also a delay in recouping price increases.


"I think that the work done by community pharmacists' representative bodies over the past two or three years has been very good," he says. "They've positioned themselves very well and slain a few dragons along the way."

Mr Ballard is concerned that some manufacturers are still aiming for market share and discounting heavily to achieve it. "The recent launches of a number of drugs at patent expiry seems to indicate that companies are prepared to suffer losses in order to get volume share, but when category M is applied, effectively limiting headroom, the market may never be able to recover to a stable, profitable position." This in turn may lead to manufacturers pulling out, warns Mr Ballard, which could result in shortage.

Pharmacists must balance cuts in purchasing profit with income from new services, says Mimi Lau, professional services controller, Numark. Pricing will still be important, she says, but time pressures from the new contract mean the cheapest price will not always be the deciding factor. "And with patients wanting reassurance of medicines due to issues of compliance and counterfeits, supply continuity and brand recognition will be a consideration."







Mergers in the generics market will continue but opinion is divided as to whether this will result in just a few super companies or will encourage more new entrants

## Volatile products and market predictions from Wavedata

- In just over one year, pravastatin tablets (40 mg, 28) fell by 94 per cent from £19.04 to £1.16.
- Fluconazole caps (200mg, 7) – fell by 89 per cent from £33.17 to £3.49 in two years.
- Gabapentin caps (300mg, 100) – dropped 75 per cent from £45.38 to £11.44 in two years.
- The average price of generics has fallen from £6.40 in August 2000 to £5 in February 2006 – a long term trend that looks set to continue despite monthly fluctuations.
- Prices of parallel imports are increasing, with the average price of £16.47 in August 2000 compared to more than £20 in February 2006. This may be due to a shift towards more premium drugs entering the UK as parallel imports.
- The sharpest price falls generally relate to the easier-to-manufacture formats – ie tablets and capsules – and to the major drug types, while formats such as syrups and inhalers and more specialist drugs are less susceptible to generic and PI competition.
- Lansoprazole, which came off patent last December, had seen dramatic price falls in only the two months to February. Capsules (30mg, 28) had dropped from more than £15 in early December to £4.99 in February, while the 15mg strength fell from more than £8 to £2.49.
- Looking ahead to the rest of the year, drugs due to come off patent include Zithromax (azithromycin), Tavanic (levofloxacin) and Staril (fosinopril) but Wavedata predicts Imigran (sumatriptan) will be the one to watch.

All information supplied by WaveData, a company that collects and analyses prices offered to pharmacists and dispensing doctors to provide manufacturers and wholesalers with accurate comparisons between branded pharmaceuticals, generics and parallel imports. WaveData has a major client base of 60 manufacturers and wholesalers. In December 2005, 257,455 prices were viewed by clients on the company's website.

Pharmacists should have a strategy to ensure they fully participate in the growing generics market, says Mr Dunn. He suggests that forming a partnership with a major full line wholesaler will allow them to make the most of new contract opportunities.

Category M has led to lost income for pharmacy and made independent pharmacists more price-focused than ever before, says Mark Stephenson, marketing director at UniChem. As generics purchasing becomes increasingly price-driven, wholesalers are competing fiercely to offer the best prices, he says.

"Margins are dropping, however generics are the future," says Mr Stephenson. "It is UniChem's commitment, as a full line wholesaler, to stock a full range of generic lines for its customers. This means that we stock even the less profitable lines and even duplicate lines of the same molecule, in order to fulfil the varying needs of our customers."

John Davies, retail services director at Mawdsleys, says market stability is key for

The current spate of mergers is as much to do with the European opportunity as opportunities in this country, says Steve Dunn, group managing director of AAH Pharmaceuticals, the largest distributor of generics in the UK. He believes that this round of mergers is the correct response to a fragmented market and does not think that it will change the market in the medium term.

Mr Dunn warns that, as the EU becomes an attractive opportunity, there must still be sufficient incentive for all stakeholders to remain in the market. Pricing is influenced by governments, so it's up to them to ensure that all stakeholders are incentivised. The market must remain attractive to manufacturers, wholesalers and pharmacists, he warns. While the pricing level is already low, he's "sure it can be lower economically".

## The UK market

The generics market in this country is extremely successful, with its products accounting for 56 per cent of all units dispensed in community pharmacy. The market grew 12.5 per cent last year and is showing 11 per cent growth so far this year.

Current Department of Health figures show 80 per cent of prescriptions are written generically and 60 per cent reimbursed generically. The annual reimbursement figure is £2 billion, but Mr Smith estimates that manufacturers' sales figures are around £700 to £750 million. The apparently large gap between the two figures includes 'some fat' to drive the market and pharmacists' guaranteed purchase profits. "Whether it needs to be as big as it is at the moment is a moot point," says Mr Smith.

Patent law and doctors' prescribing habits limit volume and market penetration for generics. Generic prescribing should never reach 100 per cent, but Mr Smith estimates that it could increase by another 10 to 15 per cent. Some products, such as sustained release formulations and drugs with a narrow therapeutic index, should always be prescribed by brand. Devices used by the branded industry to frustrate the generic sector, such as brand equalisation deals, also limit the size of the generics market.

The UK has one of the most successful generics markets in the world in terms of volume and market penetration. At 60 per cent of the total market, the UK ranks alongside the USA, Denmark, the Netherlands and Germany as the biggest generics markets. But in terms of prices, the UK has some of the lowest in the world.

European health economies are watching the UK market and wondering why their prices are higher, warns one industry source, and they are considering how to apply measures to their local markets to reduce costs. "Loss leading to drive volume in the UK may help to cover overheads, but could have serious consequences in the long term," he says.

## Wholesaling

Full line wholesalers' progress has resulted in pharmacists changing their buying habits, says Mr Dunn. "The reason we are so successful is that we offer service excellence and decent pricing," he says. "Pharmacists have realised it is counter-productive to have lots of suppliers in the market."



## The OTC angle

Aspar, a UK OTC generic analgesics manufacturer, has managed to escape much of the price competition in the market as a whole, claims its managing director, Terry Prudhoe. The company has broadened its portfolio over the last few months to try and diversify away from high-volume, low-margin analgesics. Aspar sells these mainly into supermarkets and other non-pharmacy outlets but it also carries out a significant amount of contract manufacturing for other companies.

The UK OTC market is a great deal more liberal than other EU members, says Mr Prudhoe. "We have therefore encountered little in the way of competition so far from other European manufacturers in this area. Where we have encountered competition, it has tended to come from further afield, specifically India."

Some Indian contract manufacturers are keen to enter the UK market at almost any cost, says Mr Prudhoe, and their prices reflect this, not merely in the area of prescription generics, but also in the area of simple analgesics. "Nevertheless, for our type of customers, price, while an issue, is not the only criterion that they use when selecting a supplier. For them continuity of supply, reliability and quality are also very important and these are areas where some of the Indian manufacturers appear to have certain difficulties."

Some R&D companies have tried launching OTC versions of their major brands as the patent expiry approaches, as part of an effort to prolong the brand life and reduce the effect of generic competition. But generic manufacturers' lack of experience in the OTC market has so far limited their success.

"We appear to be in some short-term stability that's driven by Drug Tariff pricing. We hope that will continue for some time. Despite this, I would suspect that this is a sphere which will see more activity from generic companies in the future as they try to find ways of coping with the intense price competition and low margins that follow new generic product launches. The fact that OTCs are not so price sensitive may well prove attractive to them as they seek products that offer them higher margins."

wholesalers. "The major issue is that we maintain a variety of suppliers across a full range of products and there should be an active market dynamic," he says. "While we can do that we can be assured of continuity of supply and we can maintain service levels."

If manufacturers were forced to selectively withdraw products because of price pressure from the Department of Health it would be more difficult to offer a full range of competitively priced products, says Mr Davies.

He is reasonably pleased with the new reimbursement system, which has produced a stable market. "So far it seems to be working to reflect what's happening in the market. We don't want to see any eccentricities in the Drug Tariff." He is concerned that prices do not drop any further, particularly at the lower end of the market

Cheapest price will not always be the deciding factor; compliance, supply continuity and brand recognition will be major factors too



where price cuts could make some products unviable.

## The short line

Doncaster Pharmaceuticals, owned by wholesaler Mawdsleys, is a shortliner specialising in parallel imports. This satisfies demand in certain sectors of the market, says Mr Davies. While some pharmacists want particular brands, others want the lowest prices. "It's very much to do with the pharmacist deciding on their own strategy."

Doncaster's position in the parallel imports market is quite strong, says Mr Davies. The main driver in this market is availability from EU suppliers. And this is a market that will not go away. "You have to recognise that shortliners exist. While there's discriminatory pricing in the EU it will continue."

OTC Direct has set up a new distribution service in association with Parceline. Nick Epps, managing director, OTC Direct, says. "We have listened to our customers and, having undertaken a series of customer trials, are delighted to announce our partnership with Parceline – ensuring OTC Direct delivers a first class service, first time." **CD**

Generic companies need to look for different strategies to find ways to survive and to succeed

## Shopping around

### Genus

Genus specialises in a few niche areas, typically offering the original brand formulation. The company launched Seractil (dexibuprofen) last year, and supplemented this with the acquisition of Movelat and Cetraben from Sankyo last year.

"Unless Genus can add value to the generics market and provide some useful benefit to pharmacists for choosing our product over our competitors, we're not really able to compete in an already overcrowded market," says Mr Ballard. "To do so would only put further pressure on prices, which could have serious consequences both for pharmacists and the patients they serve."

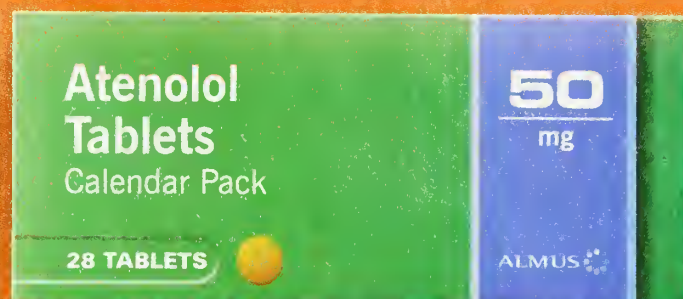
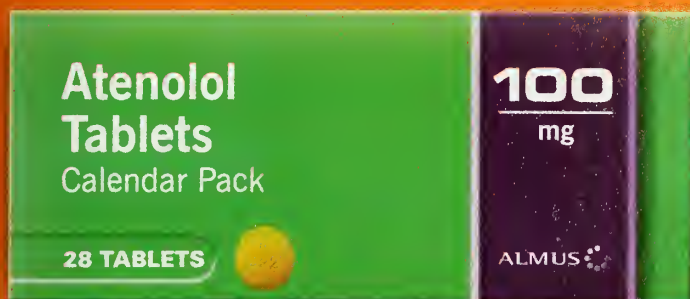
### Beacon

"Generic companies need to look for different strategies to find ways to survive and to succeed," says Dr Steven Short, managing director of Beacon Pharmaceuticals. It does this by focusing primarily on the hospital market with a mix of branded and generic products and by forming strategic alliances with companies across Europe, Asia and North America. Dr Short believes the way forward is to offer its customers not only low prices, but improved products. For example, Beacon offers isotretinoin without arachis oil, which is suitable for patients with peanut allergy. It also supplies a comprehensive pregnancy prevention programme with its isotretinoin.

### Rosemont

Rosemont produces more than 90 oral liquid formulations. The company is committed to education and support for pharmacists and more than 25,000 healthcare professionals have undertaken some form of training provided by the company in the last three years.





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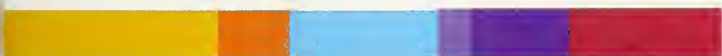
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\*Source: Understanding Errors and Managing Risk, May 2005.

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# Eurofile update

Jörn Runge on Russian pharmacy sizes, the German quit smoking scheme, Danish MDS and the Austrians' support of their pharmacies

## Russia



Russia's pharmaceutical market is the 12th largest in the world. In 2005 it increased by 35 per cent to €7.3 billion and it is expected to reach €13bn by 2010.

But although pharmacists are benefiting from the absence of price maintenance for medicines, a restricted internet trade and the wide availability of medicines – only a few medicines such as psychotropics or anaesthetics require a prescription – competition is getting noticeably harder.

Small businesses in particular are having to fight to survive as the consolidation process in the pharmacy market is being stoked up by the large multiples and even the government, which has just introduced a law specifying the size of pharmacies.

In rural areas, pharmacies without their own

manufacturing unit will need to be at least 66m<sup>2</sup> and in towns the figure is 90m<sup>2</sup>. Pharmacies which are compounding medicines or making sterile preparations have to be 114m<sup>2</sup> or 138m<sup>2</sup> respectively.

The size requirements do not apply just to the dispensary area: the sales floor has to be at least 42m<sup>2</sup>, the storage room at least 20m<sup>2</sup> and office space at least 8m<sup>2</sup>.

The effect of this is that, especially in towns, pharmacies are having to merge or expand, while small businesses such as kiosks are having to shut down.

## Germany



In Germany, pharmacies are supporting the Rauchfrei 2006 (Smoke free 2006) campaign, which started on May 1.

The action is part of a worldwide initiative by the Public Health Institute in Helsinki and the World

Health Organization. The event, which has the support of the German health minister Ulla Schmidt, takes place every two years.

Around 90,000 German smokers gave up in 2004 and this year pharmacists, doctors, health insurers and the German Cancer Research Centre in Heidelberg hope to get 100,000 people to give up the habit.

Smokers wanting to quit, register on the scheme and have their urine monitored for a month to check that they have given up. There is an incentive: successful participants can win €2,500 or even \$10,000 in an international competition.

Since March, pharmacists and health insurers

have been promoting the campaign through information signs, flip charts and advertisements warning against nicotine dependency.

Pharmacists initially provided the registration cards, as well as free carbon monoxide measurements, and they are now supporting potential quitters with comprehensive advice and products as nicotine patches, nicotine gum or lifestyle products.

Participating health professionals are fairly confident that Rauchfrei 2006 will match the success of the previous campaign. In 2005, a third (32 per cent) of the 90,000 quitters who took part in the 2004 campaign were still smoke free.

## Denmark



The pharmaceutical market in Denmark is strongly regulated, which means the consumption of pharmaceutical products is well below that of other western European countries. As a result, finding new services and sources of

income is essential for pharmacists.

A promising area is the blister packaging service, which has grown 40 per cent after being offered to 26,000 patients in the first half of 2005. The majority of the patients involved were older than 70 and predominantly women. On average, a week's blister pack contained six medicines and 39 therapy units per day. Up to four weeks' supply can be made at one time.

Altogether, Danish pharmacists prepared 550,000 week blister packs with almost 20 million daily dose rates, which is equivalent to 1.6 per cent of the total volume of medicines. The main indications have been cardiovascular diseases with

40 per cent and illnesses of the nervous system with 35 per cent.

The turnover of the blister package service accounted for €12 million, while the patients' service charge amounted to a further €4m. Although Denmark started the automated blister packaging system in 2001 to supply up to 100,000 patients every year, the general acceptance of the time-saving technology has yet to be demonstrated; only 10 pharmacies are using the automated system.

Nevertheless, Danish pharmacists say that they want to step up the blister packaging service as a potential source of income.

## Austria



Austrian pharmacists have every reason to be optimistic about their future, as a new survey from the market research institute Markant Research points out.

Practically all (97 per cent) of the 1,000 customers interviewed from a selection of the

1,200 pharmacies disclosed that they only trust medicine from pharmacies. Conversely, nobody regarded the internet as an appropriate source of supply. And only 1 per cent of the interviewees considered medicines from non-pharmacy drugstores as safe.

Customers are particularly worried about buying counterfeit products and consider the internet as the biggest risk. Just 4 per cent of all interviewees announced that they would use the internet for advice regarding health issues and information about medicines.

But 91 per cent of all respondents said that they sought the assistance of pharmacists, especially when dosage, actions and side

effects of drugs were unclear.

Looking at infrastructure and accessibility, interviewees preferred pharmacies over drugstores. More than 750 respondents explained that pharmacies are easier to access.

The Austrian Chamber of Pharmacists (Österreichische Apothekerkammer – ÖAK), which commissioned the survey, has welcomed the findings.

Dr Herbert Cabana, president of ÖAK, announced: "We are pleased with the distinct health and safety awareness of the Austrians and see the results of the survey as a clear endorsement of pharmacists' advice to customers on all issues of wellbeing."



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# Pharmacist Sweeney is made of write stuff

Locum pharmacist playwright publishes her first novel



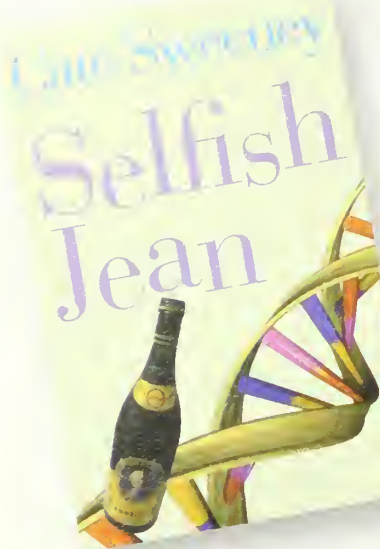
A locum pharmacist has had her first novel published to favourable reviews.

Cate Sweeney, pictured above, already a successful playwright and short story writer, has published 'Selfish Jean', which she describes as a "pacy, racy read with a great twist in it". It also has a science connection, since it is 30 years since Richard Dawkins published 'The Selfish Gene'.

In the novel, Jeanette is trying to adopt some children with her partner Sam, but fancies the male social worker who is assessing them.

There is a separate narrative of a boy trapped in the care system and the novel is structured to make you wonder how these characters are going to meet.

Described by The Times Literary Supplement as "funny, moving and sensitive", 'Selfish Jean' is published by Macmillan New Writing.



## Littlehampton Lambert's a winner

Claire Lambert, who works at the Glyn Norris Pharmacy in Littlehampton (part of the Paydens chain), is the winner of the latest Counterpart monthly draw for March. Those who complete the training course each month are put into a prize draw for a bottle of Champagne courtesy of course sponsor Wyeth Consumer Healthcare. Seen here making the presentation is Wyeth account manager Willem Wills.



## Staff sail round loW

### Seafaring employees from Boehringer

Ingelheim circumnavigated the Isle of Wight to raise funds for the Parkinson's Disease Society.

Seventeen sailors from the pharmaceutical company braved the Solent in their boats Che Shale, Elle Dehors and Wild Spirits.

In total, 92 people took part in the Sail the Island Adventure race, including five with Parkinson's disease and 30 who had never set foot on a boat before. This year's victorious crew from the Aqua Vitae were awarded the Boehringer Ingelheim Trophy.

They raised over £45,000 for the Parkinson's Disease Society, more than three times the £13,000 collected after last year's event.



## Shake your bootie!

Women from across the UK shook it like a bell dancer for an event organised by natural diuretic Aquaban Herbal and the National Association for Premenstrual Syndrome.

The dancers were helping to raise awareness of the issue of premenstrual bloating and educate women that it is a treatable condition.

They had hoped to smash the Guinness World Record for the largest group belly dance but a week before the event a group from Hungary wiggled niftily ahead of them into the record books.

The UK dancers therefore enjoyed a morning learning and dancing a routine together, followed by an award for the best dressed belly dancer.

## Appointments



### The Association of British Healthcare

Industries (ABHI) has appointed Andy Taylor (above left) as director – healthcare policy. He spent 15 years at the Department of Health and most recently worked on the expansion of NHS dental access centres.

Julie Thompson has joined AAH to lead the field-based Vantage merchandising team. She joins after 16 years at Procter and Gamble and reports to AAH pharmacy marketing manager, Christine Morris. There are now 11 people in the team which covers the whole of the UK, including three merchandisers in Scotland and one in Northern Ireland.

Celldex Therapeutics, the immunotherapy specialist, has appointed Robert Forbes Burns (above right) as chief executive. Prior to joining the company he was director of the office of technology licensing at the Ludwig Institute for Cancer Research in New York.





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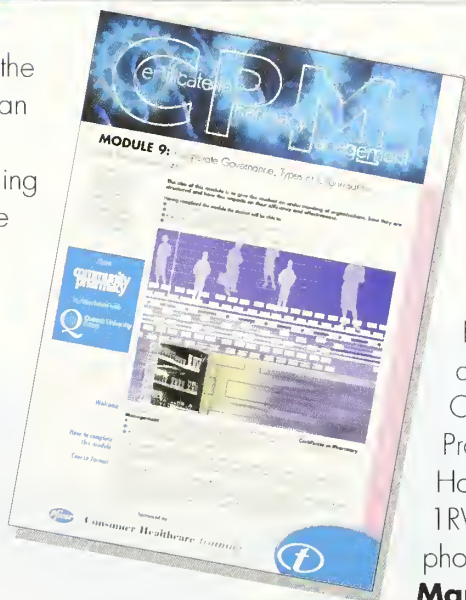
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- Can also help relieve migraine-pain-associated nausea<sup>4</sup>
- Does not contain codeine, as required by NHS guidelines<sup>1</sup>



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**Contraindications:** Severe hepatic failure, severe renal failure or severe heart failure. Do not use with other NSAIDs, including COX-2 specific inhibitors. In last trimester of pregnancy there is risk of premature closure of the foetal ductus arteriosus. Onset of labour may be delayed and the duration increased with increased bleeding tendency in both mother and child. **Precautions and warnings:** Caution in patients with certain conditions, which may be made worse. These include: systemic lupus erythematosus and mixed connective tissue disease, gastrointestinal disorders and chronic inflammatory intestinal disease, hypertension and/or cardiac impairment, renal impairment, hepatic dysfunction. Bronchospasm may be precipitated in patients with bronchial asthma or allergic disease. GI bleeding, ulceration or perforation. Caution in patients on medications which increase the risk of gastrotoxicity or bleeding. If GI bleeding or ulceration occurs, stop treatment. The elderly are at increased risk of the consequence of adverse reactions. Female fertility may be impaired by a reversible effect on ovulation. **Side effects:** In short-term use, at OTC doses, adverse effects are uncommon or rare. They include abdominal pain, dyspepsia and nausea. Hypersensitivity reactions are uncommon, and may include non-specific allergic reactions, anaphylaxis, respiratory tract reactivity (e.g. asthma, bronchospasm) and various skin reactions (e.g. pruritus, urticaria, angioedema). For a full list of potential adverse events, see the Summary of Product Characteristics. **MRRP:** £4.49 (12 caplets) **Legal category:** P **Product licence Number:** PL 00327/0143 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Date of Prescribing Information:** January 2006

**Information about adverse event reporting can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Medical Information, Crookes Healthcare Ltd, (0115 968 8922).**

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Date of preparation: April 2006  
 NFN932